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Assignee Name and Address: St. Jude Medical, Atrial Fibrillation Division, Inc.					
14901 DeVeau Place					
Minnetonka, MN 55345-2126					
·					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of					
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Signature Sand SmA Date 5-				5-9-06	
Name	Jan	J. Song (/ Telephone (952) 933-4700			
Title	Presid				

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